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## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

### A PLEA FOR THE CHURCH

**D**EAR EDITOR: I would like an opinion from some of the nurses on a subject I have been thinking about for some time. Why are nurses so indifferent to the church and Sunday school? About every two out of three nurses do not attend any service. One nurse, when I asked her to go to Sunday school, said, "Why, the roof would fall in. I haven't been inside a church door since I joined, five years ago!" One said she didn't have time, another would go another time, and others frankly said they didn't care anything about church. I have read several discussions as to why we were not able to get more nurses. Any organization that rejects Jesus Christ will never grow! By getting up a few minutes earlier on Sunday, I manage to get my patient fixed up in plenty of time to attend Sunday school. I don't stay to church, as that would keep me from my patient too long. One hour a week spent in worship will help to heal the feeling of discontent found among so many of our nurses. Our class, at the present time, is studying the origin of the Bible and every one of us looks forward, with pleasure, to Sunday morning. I wish that every nurse would go to church as often as she can and help build up the reputation of the nursing profession. We are not out to make money, but to save souls as well.

Kentucky

E. L. C.

### FURTHER COMMENT ON THE "MAYO INTERVIEW STORY"

#### I

**D**EAR EDITOR: The article written by Dr. Charles Mayo in the *Pictorial Review* was read with great interest. There has been much comment lately on the nursing problem. I fear there are few doctors in the country who really understand the nurses' position or reason for organizing. I agree with Dr. Mayo when he says, "Ministration to the sick and the dying cannot be bound by hard and fast laws." Yet, I most certainly do not agree when he says that the nurses have lost sight of the real impulse of their profession,—the alleviation of the pain of the world. Some nurses have perhaps lost sight of this impulse, but I know they are few. (Some doctors have, too, I can safely say; for I have heard one refuse to operate and refuse to make a call, because he didn't think the family had money enough to pay for his services.) I know Dr. Mayo does not wish to be unfair to nurses or their profession. Yet, I wonder if he, like many others of his profession, has ever talked it over with a real nurse, interested in her work? It is true that the charges of a graduate nurse today are beyond the ordinary working man's means; but who is it that has compelled them to raise their prices? I find that women and girls, calling themselves practical nurses, go out nursing, charging five dollars a day for medical nursing and six dollars a day for obstetrics. Not always, but usually, they know absolutely nothing of asepsis, and frequently cannot even take a temperature or count a pulse. Should, then, a girl who has spent three long years of study, hard work and self-sacrifice, work for the same? The practical nurse is not given the responsibility of the case, but a graduate is. Yet the practical is not criticized for her charges, but the graduate, charging little more, is severely criticized. For example, a doctor brought a patient into a hospital with a practical nurse on as special, who was getting \$5 a day. This doctor went to the graduate nurse in charge of that floor,

requesting that she oversee the patient, and that she see that his orders were carried out. The graduate was receiving a salary of \$80 a month. This nurse refused, and justly. She told the doctor if he could not trust the woman in charge, he should put his patient on general care; she would then gladly see that his orders were carried out and the patient given the best of care. Another doctor was employing a graduate nurse on night duty in his private hospital at a salary of \$85 per month; she had full responsibility at night of eleven patients and took care of any new cases coming during the night, working twelve hours. On day duty, he had a practical nurse helping the graduate in charge. This practical nurse could not take temperatures or give any treatments other than an enema, and knew absolutely nothing of sepsis. Yet the doctor paid her \$85 a month and her hours were but eight and a half. The night nurse, on finding this to be the case, was leaving. On hearing that the reason for her leaving was that she would not give her services for the same as untrained nurses, the doctor said he had never thought about that. Very few, I think, ever do think about it. The majority of nurses are nursing for their love of humanity. There is not a work or profession that requires longer hours, more self sacrifice, or that is any more nerve straining. I do not believe there are many nurses doing their work for just the money there is in it. I am sure that nurses do their share of charitable work as well as the medical men. Much more could be said on this subject, and if the doctors would discuss the situation with the nurses once in a while, a better understanding would be reached. I feel a nurse should work *with* a doctor instead of *for* him, but only a few give the nurse an opportunity to do this.

Wyoming

E. C. R.

## II

**D**EAR EDITOR: I would feel that I had failed in my duty if I did not write a few words in defense of Dr. Mayo's views regarding the nursing situation as expressed in the *Pictorial Review* for October. In the first place I do not heartily indorse everything stated in that article and accredited to Dr. Mayo, but why pick out the two or three points that are incorrect or exaggerated to fan a flame of fury and ignore the many truthful and commendable facts stated in the same article? It makes me think of the couplet—

"Two men sat behind prison bars,  
One saw mud, the other stars."

Probably those of us who know Dr. Mayo and know the principles for which he stands are inclined to see only the stars, while those who do not know him and who are over-solicitous for the prestige of the nursing profession are foundered in the mud. Having had a recent interview with Dr. Mayo on the subject of nursing and having had the privilege of knowing him for many years, I can safely say that he has not made himself perfectly clear in his interview with Miss Parkhurst and, furthermore, some readers have not read with unbiased scrutiny. Miss Parkhurst states that when Dr. Mayo said "The Nursing Union has come to be the most autocratic closed shop in the country" there crept into the kindly eyes of the great surgeon a suspicion of satire. For us who are inclined to see the stars, that qualifying statement removed the sting from the offensive expression for we know that he had in mind numerous incidents that have occurred quite recently in various parts of the country, incidents in which union methods were employed by nurses. His experiences in Washington during the war may also be responsible for the statement. Probably many nurses do not believe that those experiences justified the statement made by Dr. Mayo, but Dr. Mayo thinks otherwise—again a matter of mud and stars. As for the title, Sub-Nurse, Dr. Mayo himself expresses his dislike for the term and states very

clearly that the proper adjustment lies not in nurses and sub-nurses. So why all the furore about that? Neither does he wish the country girl to be a sub-anything. He believes the country girl to be a more stable woman, a woman who is more likely to have a true nursing spirit and his idea is to train her—not partially train her as some one understood—in the fundamentals of nursing so that she will be efficient in her own home and will be an asset in the community in which she lives. Of course not all the country girls will remain in the country and some of them will wish to specialize in nursing and practice it as a profession, but it is quite reasonable to suppose that many of them will return to the country and make their homes there. They, as well as their sisters who specialized, could do much for the alleviation of suffering in rural districts where trained nurses are practically unknown. Dr. Mayo has always insisted on a two-year course of training, but that's no sin! Are there not many well educated, right thinking nurses who believe he is right when he says that, if all that is not nursing is eliminated from the student nurse's work and her course is properly planned, she could be trained in two years? If she wishes to specialize the time must be lengthened, but Dr. Mayo has made that point clear. Dr. Mayo is quoted as saying, "What is happening with nurses today is not at all peculiar. The same evolution—or revolution, if you will, is going on all over the world, among all people and in all classes!" There, now! Has Dr. Mayo a "pick" on the nurses? At least two different times he states that the nurses are not to blame for present difficulties and in naming the factors responsible for this so called "revolt" he puts "doctors" first on the list, then second—"hospital regimes." No nurse, no matter how deeply grieved, could have said anything worse than that! As for *commercializing their services*, naturally, many nurses who are true to their profession resent such a statement but it makes it no less true in its application to a large number who are or have been exorbitant. I wish it were possible for the nurses who have taken offense at this point and who are not guilty, to hear Dr. Mayo "lecture" the members of his own profession regarding the same matter. They would derive much consolation. Commendable points in the same article that might be discussed at length are—classes in home care of the sick, public health nursing, community and Federal aid for hospitals, and intensive cultivation of things of the spirit. Why not talk about these things? I have had the privilege of reading a great many letters of approval received by Dr. Mayo since the publication of his interview. These letters are from doctors, superintendents of hospitals, and nurses, nurses who have given years of service, recent graduates and women who have given up the nurse's training because of impossible conditions and demands existing in the training schools in which they had entered. One doctor—chief surgeon in a large eastern hospital—had cards printed and distributed in the hospital and among the nurses. The cards bore the following quotation: "All the training in the world will not make a good nurse of a girl who is always thinking about herself and whose heart does not go out toward suffering humanity in a desire to ease that pain by self-sacrificing service.—Dr. C. H. Mayo." All these people who wrote thus to Dr. Mayo were impressed by the stars. Let us all read that article again and look for the stars!

Minnesota

R. N.

WANTED—A COPY OF COOK'S "LIFE OF FLORENCE NIGHTINGALE"

**D**EAR EDITOR: We are searching for a copy of Cook's "Life of Florence Nightingale." The publishers tell us it is out of print. Can you, through your columns, assist us in locating a copy, either new or second hand?

Memorial Hospital, Pawtucket, R. I.

MAE E. COLSTON,

*Assistant Superintendent.*

## AN APPRECIATION

**D**EAR EDITOR: I was recently appointed Principal of this Training School and am very much interested in the Alumnae as well as in the work of the School. I found at the last meeting that very few of our nurses were subscribing for the JOURNAL. I urged them, each and every one to subscribe for same, making clear to them the great use of the JOURNAL in keeping them informed of nursing affairs. As a result they responded splendidly and I hope, within a very short time, to send you another list with many more names. Personally, I have enjoyed the JOURNAL for a number of years and I can't see how I could ever be without it.

Massachusetts

E. M. G.

## APPRECIATION FROM A MARRIED NURSE

**D**EAR EDITOR: I received the JOURNAL from my graduation in 1915 until one year ago, when I was married. I find, without it, one loses all knowledge of new nursing methods and in fact becomes very rusty in general. Enclosed please find check for renewal of subscription.

Texas

MRS. W. G.

## PROS AND CONS OF A SMALL HOSPITAL

**D**EAR EDITOR: By training in a *small hospital* the student has both advantages and disadvantages. She is taught some of the duties that would be otherwise performed by an interne or other individual. Among them are: Urine analysis, blood pressure, coagulation and haemoglobin tests, all of which are highly important as well as interesting. Great care must be exercised in obtaining any of these, as each helps to point toward a diagnosis and also indicates the patient's condition for an anesthetic. We also know that great care must be used in securing a specimen of urine for examination, being sure it was voided by the patient, and, if in a bottle, that the bottle was absolutely clean. To illustrate,—when handed a specimen of urine in a bottle I analysed it and found sugar, reported same to the doctor, who informed the patient of it, instructed her in her diet, handed her a prescription, and advised bringing another specimen the next morning. The patient did so and no sugar was revealed. After questioning the patient, it was found chloroform had been in the bottle containing the specimen revealing sugar. How happy the patient was to find it was only her mistake and that she could be on a free diet again! It was not her mistake; it was mine. She knew no better and I should have questioned her before making the test. The nurse is taught and drilled in economy. Economy being an important factor in the existence of small hospitals, economy of time and effort counting as much as economy of materials, helps to make the nurse valuable. Economy of time does not only mean—"Do not waste time," but "Do your work systematically." Economy of effort also means—"Use system." By so doing steps are saved as well as time. This means to have all materials in the most convenient place and placed in the most convenient manner for the purpose for which they are intended. Economy of materials is another important point. I believe one of the most wasted articles is adhesive plaster. A small piece of adhesive plaster employed unnecessarily or extravagantly for this and that soon counts up in yards. Many times in dressing a wound a narrower piece of adhesive plaster would serve the purpose just as well and would make a much neater dressing. Nurses often use it for labeling bottles. This indicates a bit of carelessness, as a neat label cannot be made from adhesive plaster. Chart paper and safety pins are also greatly wasted along with many other articles, so if economy is impressed